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Firm Name		SIGNA	TURE O	F APPLICANT,	ATTOR	NEY, O	R AGE	NT			
Signature	VOLP	E AND KOENI	G, P.C.								
Printed name	Randa	Joh I Huis			· · ·					<u></u>	
Printed name Randolph J. Huis Date 5/36/5		2006	2006 Reg. No. 34			34,626	 3	•	<u> </u>	\dashv	
I hereby certify that postage as first clast the date shown below Signature	ss mail in a	C spondence is being	ERTIFIC facsimile tr	CATE OF TRANS	O or depos	ited with t	the United	d States Po Box 1450,	ostal Service v Alexandria, V	vith sufficient A 22313-1450	on .
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06) Approved for use through 07/31/2006 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE spond to a collection of information unless it displays a valid OMB control number TRADEM Complete if Known Consolidated Appropriations Act, 2005 (H.R. 4818). 09/701,104 **Application Number** Filing Date April 24, 2001 For FY 2006 First Named Inventor Magerl et al. **Examiner Name** Alicia Ann Chevalier Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1772 TOTAL AMOUNT OF PAYMENT 510.00 LUD-PT002 (PA1083US/MM) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | | Credit Card | Money Order None Other (please identify): Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 200 100 Utility 250 200 130 Design 100 100 50 65 Plant 200 100 300 160 80 150 600 Reissue 300 150 500 250 300 200 100 0 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) **Fee Description** Fee (\$) 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) Fee (\$) Indep. Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Extra Sheets** Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Extension of Time w/in Three Months 510

SUBMITTED BY			
Signature	MA	Registration No. (Attorney/Agent) 34,626	Telephone 215-568-6400
Name (Print/Type)		Date 5 80/2006	

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